

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

Investment in Mental Health Wellness Act of 2013

Information Item

Staff noticed this item as an action item on the Authority's September 26, 2013 agenda with the intention of presenting emergency regulations for board consideration and to request authorization to pursue emergency rulemaking proceedings with the Office of Administrative Law.

In the interim period between notice and preparation of this report for board review, staff concluded the board would benefit from a report and discussion following the conclusion of the four convened public forums and the closure of the public comment period on September 16. Accordingly, staff has converted this action item into an information item and now plans an additional board meeting for October 7, 2013 where staff aims to present emergency regulations for board consideration.

At the September 26, 2013 board meeting, staff will report on the public forums, public comment highlights, the status of emergency regulation generation and a rough timeline through the end of the year. A copy of the public forum power point presentation utilized in each of the public forums is attached for reference.

Public Forums: These are the public forums convened by staff up to the present date.

*August 30, 2013 – West Sacramento – California State Teachers' Retirement System (CalSTRS),
100 Waterfront Place, First Floor Board Room*

September 5, 2013 – Oakland – Elihu M. Harris State Building, 1515 Clay Street

*September 11, 2013 – Santa Ana – Orange County Board of Supervisors, 333 West Santa Ana
Boulevard, 1st Floor, Board Hearing Room*

*September 13, 2013 – Fresno – California State University, Alice Peters Auditorium, 5245 North
Backer Avenue*

September 16, 2013 – Sacramento – webinar

Public Comments: This is a brief sampling of summarized public comments received since the first public forum.

- Some counties need more time to identify potential providers than the Authority estimated timeline contemplates. Other counties feel they will be ready to apply on a short timeline.
- The suggested funding amounts for each region are appropriate given the particular needs of the regions, especially the Central and Superior Regions.
- The funding formula presented at the public forums does not fairly distribute SB 82 monies, particularly for Los Angeles. The formula should follow the Mental Health Services Act distribution formula utilized by the Department of Health Care Services.

- The most current population figures from Department of Finance should be used in determining the population of counties.
- The Authority should fund involuntary crisis treatment programs as well a voluntary crisis treatment programs, including Laura’s law related programs.
- The Authority should fund youth crisis treatment programs in addition to adult crisis treatment programs.
- Crisis treatment programs should also contemplate Psychiatric Emergency Services (PES) programs.
- A number of suggestions were given asking the Authority to weight applications more favorably (or less favorably) depending upon the presence (or lack thereof) of certain elements within the program proposed for funding. For example, some suggested more points be given to counties choosing to collaborate. Others thought there should be no difference in points given for these kinds of efforts. Some suggested that we emphasize programs that include peer-to-peer services.
- Some counties expressed that proposed maximums are insufficient for the programs they wish to see implemented.
- Some counties requested that we simplify and streamline our application process to minimize the burden and costs associated with preparing an application.
- Some commenters asked that we make contact with certain individuals and organizations to learn more about special areas of needs. For example, one commenter asked that we contact a judge in Santa Clara County who has frequent and continuing contact with incarcerated individuals who have mental health needs.
- Some commenters asked the Authority to establish not-satisfaction-based outcomes for applicants to report on once grant funds have been disbursed.
- Some commenters asked that we entertain site visits before releasing money to grantees.



**WELCOME TO THE
INVESTMENT IN MENTAL HEALTH
WELLNESS ACT OF 2013 (SB 82)
PUBLIC FORUM**

PRESENTED BY

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY

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KEY OBJECTIVES OF SB 82



- EXPAND CRISIS TREATMENT SERVICES AND CAPACITY BY ADDING AT LEAST 2,000 CRISIS STABILIZATION AND RESIDENTIAL TREATMENT BEDS
- ADD AT LEAST 25 MOBILE CRISIS SUPPORT TEAMS
- ADD 600 TRIAGE PERSONNEL (OVERSIGHT AND ACCOUNTABILITY COMMISSION)
- REDUCE UNNECESSARY HOSPITALIZATIONS AND INPATIENT DAYS
- REDUCE RECIDIVISM AND MITIGATE UNNECESSARY EXPENDITURES OF LOCAL LAW ENFORCEMENT
- EXPAND THE CONTINUUM OF SERVICES WITH EARLY INTERVENTION AND TREATMENT OPTIONS THAT ARE WELLNESS, RESILIENCY, AND RECOVERY ORIENTED IN THE LEAST RESTRICTIVE ENVIRONMENT
- LEVERAGE PUBLIC AND PRIVATE FUNDING SOURCES TO ACHIEVE IMPROVED NETWORKS OF CARE

REQUIREMENTS AND PROHIBITIONS OF SB 82



- GRANT AWARDS FOR DEVELOPMENT, CAPITAL , EQUIPMENT ACQUISITION AND PROGRAM STARTUP OR EXPANSION COSTS SHALL BE FOR CRISIS INTERVENTION, STABILIZATION, AND RESIDENTIAL TREATMENT, IN ADDITION TO REHABILITATIVE MENTAL HEALTH SERVICES AND MOBILE CRISIS SUPPORT TEAMS, INCLUDING PERSONNEL AND EQUIPMENT
- THE AUTHORITY SHALL DEVELOP COMPETITIVE SELECTION CRITERIA FOR AWARDING GRANTS
- FUNDS SHALL BE MADE AVAILABLE TO COUNTIES, COUNTIES ACTING JOINTLY OR THEIR PRIVATE NONPROFIT AND PUBLIC AGENCY DESIGNATES
- THE AUTHORITY SHALL DETERMINE GRANT AMOUNTS WHICH MAY BE ALLOCATED IN INCREMENTS
- FUNDS MAY NOT BE USED TO SUPPLANT EXISTING FINANCIAL AND RESOURCE COMMITMENTS

REQUIREMENTS AND PROHIBITIONS (cont.)



- PROJECTS AWARDED GRANTS SHALL BE COMPLETED WITHIN A REASONABLE PERIOD OF TIME TO BE DETERMINED BY THE AUTHORITY
- GRANTEES MUST COMMIT TO CONTINUED OPERATION OF PROGRAMS FUNDED BY GRANTS FOR THE EXPECTED LIFE OF THE PROJECT
- THE AUTHORITY MAY CONSULT WITH THE CALIFORNIA INSTITUTE OF MENTAL HEALTH FOR TECHNICAL ASSISTANCE
- THE AUTHORITY MAY ADOPT EMERGENCY REGULATIONS
- THE AUTHORITY SHALL PROVIDE REPORTS TO THE LEGISLATURE BY MAY 1, 2014 AND 2015 REGARDING PROGRESS
- GRANTEES SHALL ADHERE TO ALL APPLICABLE LAWS RELATING TO SCOPE OF PRACTICE, LICENSURE, CERTIFICATION, STAFFING AND BUILDING CODES

MAP OF THE COUNTIES



DRAFT OPTION FOR MAXIMUM GRANT AMOUNTS



REGIONAL GRANTS WITH MAXIMUM SUMS ALLOCATED TO THE FIVE REGIONAL DESIGNATIONS UTILIZED BY THE CALIFORNIA MENTAL HEALTH DIRECTORS ASSOCIATION.

FOR EXAMPLE:

- SUPERIOR COUNTIES – UP TO \$5 MILLION
- BAY AREA – UP TO \$25 MILLION
- CENTRAL VALLEY – UP TO \$30 MILLION
- SOUTHERN – UP TO \$35 MILLION
- L.A. REGION – UP TO \$25 MILLION

MAXIMUMS WITHIN REGIONS BASED ON POPULATION COUNT. FOR EXAMPLE:

- | | | | |
|------------|---|----------------------------------|-------------------|
| ▪ COUNTIES | ≤ | 100,000 RESIDENTS | \$500,000 OR LESS |
| ▪ | | 100,001 TO 400,000 RESIDENTS | \$1,000,000 |
| ▪ | | 400,001 TO 600,000 RESIDENTS | \$2,000,000 |
| ▪ | | 600,001 TO 1,100,000 RESIDENTS | \$4,000,000 |
| ▪ | | 1,100,001 TO 2,500,000 RESIDENTS | \$5,000,000 |
| ▪ | | 2,500,001 AND MORE RESIDENTS | \$7,000,000* |

** PLEASE NOTE: IN THIS HYPOTHETICAL, THE MAXIMUM WOULD NOT APPLY TO THE L.A. REGION. THE L.A. REGION MAXIMUM WOULD BE ABOVE THE REGIONAL MAXIMUM OF \$25,000,000.*

MAXIMUM GRANT AMOUNTS (cont.)



ADDITIONAL SUMS MAY BE AVAILABLE AT THE DISCRETION OF THE AUTHORITY FOR COLLABORATIONS BETWEEN COUNTIES AND FOR EXCEPTIONAL APPLICATIONS.

FOR EXAMPLE:

- UP TO AN ADDITIONAL \$5 MILLION FOR EACH SUPERIOR, CENTRAL VALLEY AND BAY AREA REGIONS
- UP TO \$7 MILLION TO BE SHARED BETWEEN THE L.A. REGION AND THE SOUTHERN REGIONS

MULTIPLE FUNDING ROUNDS LIKELY

DRAFT OPTIONS FOR GRANT SELECTION CRITERIA



- EXPANDING ACCESS TO AND CAPACITY FOR COMMUNITY BASED MENTAL HEALTH CRISIS SERVICES TO OFFER RELEVANT ALTERNATIVES TO HOSPITALIZATION
- DEMONSTRATING A CLEAR PLAN FOR A CONTINUUM OF CARE BEFORE , DURING, AND AFTER CRISIS TREATMENT AND FOR COLLABORATION AND INTEGRATION WITH OTHER PUBLIC SYSTEMS OF HEALTH
- DEMONSTRATING BOTH FEASIBILITY OF THE PROJECT AND SUSTAINABILITY OF THE PROGRAM(S)
- IDENTIFYING A PLAN FOR LEVERAGED FUNDING
- IDENTIFYING KEY OUTCOMES AND A SOLID PLAN FOR MEASURING THEM

THE PROCESS



- PUBLIC FORUMS
- EMERGENCY AND PERMANENT REGULATIONS
- CHFFA BOARD APPROVAL
- POSSIBLE TECHNICAL EDUCATION WORKSHOPS TO HELP APPLY
- ESTIMATED APPLICATION AND REVIEW PERIODS
- POSSIBLE SITE VISITS
- SCORING AND RECOMMENDATIONS BY STAFF
- CHFFA BOARD APPROVAL
- POSSIBLE MULTIPLE FUNDING ROUNDS
- REPORTS TO THE LEGISLATURE
- GRANTEES REPORT OUTCOMES TO THE AUTHORITY